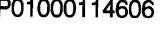
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000114606 **DOCUMENT #**

1. Entity Name MATTRESS KING OF FLORIDA, INC.





FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90126 031 ***150.00

						00 WE 185					
Principal Place of Business 3326 CORTEZ RD W BRADENTON FL 34207			Mailing Address 3326 CORTEZ RD W BRADENTON FL 34207					1 1 0 83 100 1 101 00 100 1 114	ii 11 1111 11 111 1 1	10 1 14 0 07 14037 0 1030 1	liita Raisa Besi raas
2. Principal i	Place of Busi	ness	3. Mailing Ad	dress]				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_				
			Suite, Apr. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				0071149909				Applied For Not Applicable
Zip	3	Country	Zip		Country		5. Cer	tificate of Status De	esired [\$8.75 / Fee Requ	Additional
	6. Name	and Address of Curre	nt Registered Age	nt			7. Nan	ne and Address o	New Regis		
AGHA, JA	AKE W	·	in a second		Nam	18	:			- ,	·
3326 CO	rtez RD W Ton FL 342			·	Stree	et Address (P.O. Box I	Number is Not Acc	eptable)		
					City	HOLA	125	Bch,	-	FL Zip C	-12
8. The above	named entity	y submits this statement	for the purpose of o	hanging its re	egistered office	e or register	ed agent,	or both, in the Sta	te of Florida.		th, and accept
trie obligat	ilons of regist	ered agent.									
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if applicable	/NOTE: B	Registered Agent sig	another required		4:			
£		! FEE IS \$150.00				gnatura radored		<u>.</u> .		DATE	
After	r May 1, 200	3 Fee will be \$550.00 Florida Department	of State					9. Election Campa Trust Fund Con		· _ ••	.00 May Be led to Fees
10.		OFFICERS AN	D DIRECTORS		11,		ADDIT	IONS/CHANGES	O OFFICER:	S AND DIRECTO	RS IN 11
TITLE NAME	P AGHA, JA	KE W		Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	3326 COR	ITEZ RD WEST ON FL 34207			STREET ADDRES	SS					
TITLE				Delete	TITLE					Change	Addition
NAME STREET ADDRESS					NAME STREET ADDRES						
CITY-ST-ZIP					CITY-ST-ZIP) ·					
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NAME STREET ADDRESS*	words given.	ست ۱۰ سام			NAME STREET ASSISTA	عاد حسام		.~			
CITY-ST-ZIP					STREET ADDRES CITY-ST-ZIP	5					
TITLE		···		Delete	TITLE			1111		☐ Change	☐ Addition
NAME					NAME					smange	
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP	s		•			
TITLE				Delete	TITLE	<u> </u>	w				
NAME				JOIGIE	NAME					☐ Change	Addition
STREET ADDRESS					STREET ADDRESS	s					
CITY-ST-ZIP					CITY-ST-ZIP						
TITLE NAME				Delete	TITLE			 		☐ Change	Addition
STREET ADDRESS					NAME STREET ADDRESS	,					
CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP	`					
of the corp	oration or the	information supplied wit or supplemental report e receiver or trustee emp chment with an address,	owered to execute	this report on r	e exemption st signature shall required by Cl	tated in Sect have the sa hapter 607, I	tion 119.0 me legal Florida St	17(3)(i), Florida Sta effect as if made u atutes; and that m	tutes. I furthe nder oath; th name appe	r certify that the at I am an office ars in Block 10 c	information r or director or Block 11 if

SIGNATURE:

SIGNATURE DESCRIPTION OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #